

Methods: A total of 82 adult psychiatric inpatients diagnosed with affective disorders (depressive disorders and bipolar affective disorders) and borderline disorders participated in this study. They completed HCL-32, MDQ and PHQ-9 questionnaires. The average age of the sample is 43.9 years. A total of 76.8% were women in the sample.

Results: 72.8% of respondents achieved a score above 14 on the HCL-32 questionnaire and thus met the criteria for possible hypomania. All three criteria for mania on the MDQ questionnaire were satisfied by 27.5% of respondents. 68% of respondents have moderate or severe symptoms of depression according to PHQ-9.

Conclusions: The results confirmed our assumption about the lack of recognition and diagnosis of bipolar affective disorder type II. Only 5 respondents (6.1%) were diagnosed with BAP II upon arrival. After the research, 73% of them met the criteria for diagnosing BAP II. As a correctly established diagnosis affects the selection of adequate therapy, we have tried to emphasize the importance of correct recognition of BAP II.

Disclosure of Interest: None Declared

EPV0132

Bipolar disorder and cannabis abuse. A clinical case report

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Introduction: Cannabis or marijuana is a common substance of abuse. Its active compounds are Delta-9-tetrahydrocannabinol (Δ^9 -THC or THC), cannabidiol or nabiximol. The last two ones might have a therapeutic effect in some mental disorders. THC is a toxic substance that has euphoric, sedative and analgesic effects. It is the third most consumed psychoactive substance in the world, with 10% of people consuming it with an abusive pattern.

The comorbidity of Bipolar Disorder (BD) and the cannabis abuse takes place in a 20% of the patients in some series. This has been related with a worse prognosis for the BD, being especially related to apparition of more episodes of mania.

We did a review of both disorders due to a case of a patient we had admitted to the psychiatry department of the Bellvitge University Hospital with a debut of hypomania and history of cannabis consumption.

Objectives: To expose a clinical case and to do a review of the literature related to BD and cannabis abuse.

Methods: It is a one patient report of a 35 year old male that was a habitual consumer of cannabis. He achieved a consume of 1g per day. He began consuming it on December 2020, until 4-5 days before the hospitalisation on March 2022. His hospital admittance was due to a debut with hypomania clinical features.

Review of various scientific articles related to both disorders.

Results: Our case clinical features were mainly an alteration in his conduct right after cannabis withdrawal. It consisted in mental hyper clarity, increased speed of his thought, insomnia, inadequacy, hyperactivity and increased energy; hypersexuality and wellness feeling.

His development was favourable with an olanzapine based treatment, later switched to aripiprazole. After the hospitalisation, his symptoms have been mainly related to the anxiety spectrum, due to a basal neurotic personality. He presented some depressive symptoms, but not with entity of decompensation. He hasn't consumed cannabis since the admittance.

It's been described that substance abuse is related to retardation on the diagnosis. Also, this comorbidity is related to a worse development in both disorders. In the case of BD, cannabis consumption has been related to more episodes of mania.

Lithium is the only treatment proved to improve both disorders at the same time.

Comorbidity for affective disorders with substance abuse has been described as a risk factor for suicide, overdose and homicide.

Conclusions: Cannabis seems directly related with the onset and the exacerbation of a BD. This relation seems bilateral, since an untreated mania might result in a cannabis abuse disorder. Worse prognosis for BD might be because comorbidity with cannabis abuse is related with worse adherence to treatment and more decompensations. Also, the abuse of substances can provoke retardation in the diagnosis. By now, lithium seems to be the only treatment with proved efficacy treating comorbidity of both disorders.

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EPV0133

The effect of pandemic as a trigger for first episode bipolar disorders

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Introduction: The traumatic effects of COVID-19 pandemic is well studied in community and fragile groups. The association between COVID-19 infection and development of severe mood disorders have not well studied.

Objectives: Nonetheless the casual relation or stressor effects of Covid-19 pandemic on chronic psychiatric illness is not known yet. The present study is aimed to investigate the effects of pandemic as a triggering factor in first episode Bipolar disorder (BD) patients that onset after pandemic.

Methods: The study included a total sample of 55 patients diagnosed with first episode BD according to DSM-5 criteria.

The two groups of patients that illness onset was before (BP) and after pandemic (AP), were investigated and compared for psychopathology and life event stressors. Impact of Event Scale-Revised (IES-R) for PTSD symptoms, Generalize Anxiety Disorder scale for anxiety symptoms, The Montgomery-Åsberg Depression Rating Scale (MADRS) to examine depressive symptoms; and Young Mania rating Scale (YMRS) for manic symptoms, Brief Psychiatric Rating Scale-18 (BPRS) was used for psychotic symptoms.

Results: The statistical analyses were performed using the Statistical Package for Social Science, version 26. Thirty-five patients that illness onset before pandemic and 20 patients that illness onset after pandemic were compared.